

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 980990
APPLICANT(S)

FILING DATE

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND. DEP.		* IND. DEP.		* IND. DEP.	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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						99					
						100					
TOTAL IND.						TOTAL IND.					
TOTAL DEP.						TOTAL DEP.					
TOTAL CLAIMS						TOTAL CLAIMS					